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This manual is designed to ensure high standards of professional interpreting are used and maintained within Auckland District Health Board (ADHB).

With the increasing diversity of people within the Auckland region, it is important to ensure that all our service users are offered the best possible information and care.

This manual includes sections for healthcare providers on when to use the service, pitfalls to avoid, how to book an interpreter and required documentation.

There is also information for our professional interpreters outlining their roles and responsibilities, code of ethics, core competencies and best practices.

ADHB policies and complaints procedures are also included.

This region and healthcare service is rapidly changing and evolving. We appreciate your feedback and ongoing input to ensuring this service is the best it can be for our consumers, their families/whānau, our staff and the interpreters.
Interpreting is a profession in its own right, with a growing number of professional bodies and rigorous training programmes being developed, and ethical and cultural issues being researched and debated. **Healthcare interpreting** is increasingly an expert speciality within the interpreting profession, given the need for interpreters to be familiar with healthcare procedures, specialised terminology and complex issues of privacy, informed consent and confidentiality that are unique to the healthcare industry.

Worldwide, healthcare providers are aware of the need to ensure that people understand the health issues facing them, the treatment options available and the steps required to recover or maintain well-being. Issues like ‘informed consent’ rely on properly understood healthcare information in a language the patient understands. Similarly, patients and healthcare users need to able to communicate accurate information to clinicians so that symptoms can be understood, correct diagnoses made and appropriate treatment given.

**Interpreting in New Zealand**

Captain Cook used a Tahitian interpreter, Tupaia, to try to communicate with the tangata whenua when he first arrived in Aotearoa (Crezee, 1998). British, Dutch, French and Russian settlers arrived from the 17th to 19th centuries; following the Treaty of Waitangi, the majority of immigration was from Britain with some Chinese, Indian and Croatian immigrants arriving in the 19th century. Through the 20th century to the present day, immigrants have come to NZ from around the world, including the Pacific, Asia, Europe, Africa and the Middle East.

There are more than 350 languages spoken in New Zealand today. The NZ Society of Translators and Interpreters (NZSTI) was begun in 1985; interpreting qualifications are offered at a number of tertiary institutions along with other professional development opportunities. Professional standards and guidelines for interpreting are being developed within the health, justice, education, public and private sectors to promote high standards of communication, meet statutory obligations and protect the interests of both service providers and their clients, whatever their first language.

*Every consumer has the right to effective communication in a form, language, and manner that enables the consumer to understand the information provided. Where necessary & reasonably practicable, this includes the right to a competent interpreter.*  
Right 5. Right to Effective Communication (1)/The Health & Disability Commissioner (Code of Health and Disability Services Consumers’ Rights) Regulations 1996
A competent healthcare interpreter is a person who is fluent in English and in the language of the non-English speaker; who is trained and proficient in the skills and ethics of the interpreting profession; and who is knowledgeable about the medical and health terminology and concepts that need to be interpreted for the purposes of healthcare.

**Healthcare interpreting in NZ**

The ‘Cartwright Inquiry’ into the cervical cancer research project of the late 1980s highlighted issues around informed consent from women who did not have English as their first language. In addition, there was concern at the inappropriate or inadequate interpreting provided by relatives - in many cases, children who barely understood the concepts they were supposed to interpret - or by untrained staff, such as a person who happened to speak the woman’s language but had no understanding of the medical issues, correct terminology or the need for confidentiality.

The Cartwright recommendations led to the pilot interpreting service being set up at Middlemore Hospital in South Auckland in 1991. In 1997, the most common languages requested at this service were Cantonese, Mandarin, Korean, Farsi, Samoan, Tongan, Vietnamese, Bosnian and Croatian (Crezee, 1998).

After initially using the Middlemore/Counties Manukau District Health Board service, ADHB formed its own interpreter service under Auckland Regional Public Health in 1998. Since then, the ADHB Interpreter Service has grown to meet the needs of the Auckland district, offering interpreter services for almost 120 languages. We provide interpreters not only to DHB service providers but also to non-government organisations (NGOs) and private sector providers, to ensure patients can receive consistently high standards of communication support along their health journey.

Specialist training in healthcare interpreting is provided at a range of tertiary institutions. The minimum qualification that ADHB expects its interpreters to have completed is the specialist Certificate in Liaison Interpreting with a Certificate in Health Terminology at Auckland University of Technology, or equivalent evidence of skill.

**Statutory obligations**

There is a legal requirement to provide interpreters within the Children, Young Persons & their Families Act 1989; Health & Disability Commissioner Act 1994; Human Rights Act 1993; Maori Language Act 1987; Mental Health Amendment Act 1999; and NZ Bill of Rights Act 1990 (Office of Ethnic Affairs, 2000).

Information for patients and visitors on the availability of the interpreter service is required under ADHB policy. Posters using a variety of languages should be displayed in admission and registration areas, and in clinical, community and mental health centres (contact Internal Supply and Distributions, ext. 23528 for details and to order; HSSL - A2 size CC3300; A4 CC3339).
Part One:

Information for Health Service Providers
Interpreting has been defined as ‘the transmission of speech from one language to another’ (ADHB, 2002) or the conversion of ‘a message uttered in a source language into an equivalent message in the target language, so that the intended recipient of the message responds to it as if he or she has heard it in the original’ (MMIA, 1995). A professional interpreter is one who has been ‘specifically trained and accredited, and is employed by a recognised professional health interpreting service’ (ADHB, 2002).

The role of the interpreter is:

To facilitate communication between parties who do not have a language in common, or have limited ability to communicate in or understand the common language.

(ADHB, 2002)

Principles of healthcare interpreting

The key factors which influence the requirements for interpreting are:

- Informed consent
- Communication
- Confidentiality
- Ensuring best patient outcome

(ADHB Board Policy, 2002)

Informed consent is defined as ‘the process whereby someone who has the capacity/competence to consent, having been given sufficient information, arrives at a reasoned decision as to whether or not to agree to a proposed therapy or procedure’ (ADHB Informed Consent Policy, 2003, p.1). Obviously, ‘sufficient information’ cannot be given if the clinician and client cannot communicate; so ADHB policy follows the requirements of the Health and Disability Commission that,

Information should be given in a language, style and form that the patient can easily understand. Where necessary and reasonably practicable, it should be translated into the patient’s own language by a competent interpreter.

(ADHB Informed Consent Policy, 2003, p.3)

Remember the interpreter is there to enable you [the clinician] to do your job competently, not only for the patient/client.

(ADHB, 2002, p. 4)
An interpreter is to be provided:

- When the person has a limited command of English
- When there is concern that the person does not understand the clinical information
- When the person is deaf and understands sign language (see p.25)
- When the person and/or family requests an interpreter
- When an interpreter is indicated on the person’s written consent for participation in research.

(ADHB, 2002)

Failure to use an interpreter in these circumstances is a breach of the Health and Disability Commissioner’s (Code of Health and Disability Services Consumer Rights) Regulations 1996. It is the obligation of the healthcare provider to ensure that effective communication has been achieved.

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**How to decide if an interpreter is required**

If there has been no request for an interpreter or it is not clearly indicated as required on a referral form, you may meet a patient and then realise an interpreter may be required. ADHB suggests the following as some simple tests to help decide:

- Ask an open question that requires the person to answer in a sentence. Avoid closed questions, that can be answered ‘Yes’ or ‘No’ or a very familiar question such as ‘Where do you live?’
- Ask the person to repeat a message that you have just given, in his or her own words.

If the person cannot put together a sentence in English or cannot relay back to you the message you have given them, then an interpreter is most likely required.

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At the clinic, the patient met first with the nurse. He spoke English well when repeating his name, address and date of birth – all the information the nurse needed – and smiled and nodded as the nurse spoke, giving no indication that he had no understanding of what she said and had already felt frightened by the x-ray procedure. When the registrar then met the patient and started trying to get more detail on his symptoms, it became very clear that the patient’s English was limited and a professional interpreter was needed - the assessment had to be rescheduled and an interpreter booked.
What language does the person speak?

This may seem an obvious question, and often the file or referral will name the language the person speaks. But where only the ethnicity is given or information is sketchy, you may need to check further to ensure a correct match. There may also be sensitivities around ethnic or regional tensions or dialects – if unsure, check with the Interpreter Service who may be able to find out more.

The referral note said the person was ‘from the former Yugoslavia’ and it was only when the staff member called the Interpreter Service, uncertain as to which language was needed, that she was guided on the sensitivity around whether it should be a Serbian, Croatian, Kosovar Albanian or Bosnian speaker.

There is a resource with the phrase “I speak ………” written in 37 of the most commonly used languages to enable patients to point to the language required and guide your choice of interpreter. These are available in pdf format off the ADHB intranet.

(example of a section of the “I speak...” poster)
There are significant disadvantages in using untrained interpreters in healthcare, whether they are friends, family, hospital visitors who happen to speak the right language, or staff who happen to be bilingual. Concerns were highlighted in the Cartwright Inquiry – for example, a young boy interpreting information about cervical smears for his mother, a situation that was both embarrassing and led to inaccuracies, as the child had no understanding of the concepts he was supposed to be interpreting. Inadequate interpretation can significantly increase the risks to both patients and staff in terms of inadequate diagnostic information, lack of informed consent, poor treatment compliance and compromised healthcare outcomes.

**Risks of using untrained interpreters**

There are a number of risks associated with using friends and family of the patient, or bilingual staff who are not trained in interpreting. These include:

- **Inaccuracy.** Untrained interpreters may leave out things they do not understand or change information based on lack of knowledge – for example, most laypeople could not easily differentiate between heart disease, heart attack, heart failure, heartburn, and cardiac arrest (Crezee, 1998). They may not be willing to say that they do not understand something the clinician has said for fear of ‘losing face’, whereas a trained interpreter should be quick to ask for clarification if they are not sure of meanings.

- **Lack of completeness.** Friends and family may omit swear-words or abusive language so as not to ‘offend’ the healthcare worker when this information could be vital, for example to the assessment of mental state. They may censor information they perceive to be embarrassing or ‘bad’ for the intended recipient, e.g. ‘bad news’ may be left out. They might feel that their family member is being childish or ungrateful when expressing fears about a procedure – and by omitting to interpret these fears, limit the proper informed consent process. They may edit out information on behaviour they disapprove of, such as not interpreting to the doctor their daughter’s admission that she has been sexually active. There can also be omissions that are deliberately misleading e.g. *the woman’s shoulder had been dislocated when her husband struck out at her in one of his frequent rages. He spoke English well and insisted on interpreting for her, explaining the injury had occurred when she was lifting their son.*

- **Lack of confidentiality.** Laypeople may not understand the need for strict confidentiality; ethnic communities can be small and close-knit and the consequences of sharing private information not understood, even when people are well-intentioned. *After Aunty had interpreted for Jay at the doctor, she told people they had been to a ‘cancer doctor’ and hoped they would therefore be supportive of Jay, but the*
gossip led to him losing his job as people said he was going to die soon, which was totally untrue.

Lack of impartiality. A relative may ‘side’ with the doctor or the patient, or not pass on information they do not agree with. The father of an 18-year-old boy had interpreted for him, explaining the boy was depressed because he could not find a wife. It was only when a professional interpreter was used in the absence of the father that the mental health team discovered the boy was ‘depressed’ because he was gay, hated his father and was desperate to move out of home.

Advice-giving and advocacy. Often with an understandable wish to be ‘helpful’ or ‘supportive’, friends or family may misinterpret the healthcare professional’s instructions or advise the patient what to say; e.g. Don’t tell the nurse that or she’ll think you’re stupid. They may insist on services that are not available or appropriate. The doctor asked whether or not the woman wanted anaesthetic for the small operation, and outlined the side-effects of anaesthesia. Her brother, who was interpreting, told her there would be an anaesthetic as he thought that was best, and didn’t mention the side-effects or that she had a choice.

Third-person interpreting. There can be a tendency for untrained interpreters to talk about the person, instead of setting up a direct first-person communication between the patient and the healthcare worker; e.g. ‘He says that the medication’s not working.’ The worker may therefore end up speaking primarily to the friend or relative, not the person - ‘Do you think he’s been taking it as prescribed?’.

Lack of accountability. Trained interpreters are accountable for ethical and professional standards and their presence at an interview is documented in the clinical notes and as part of the informed consent process. Ignoring this need for accountability may put both the patient and the service provider at risk. The patient’s cousin, who worked in another ward, joined the interview and was allowed to interpret ahead of the professional interpreter who had been booked. The interpreter was shocked at the inaccuracies and advice-giving by the cousin and refused to sign the clinical record as having been properly interpreted.

Awareness of both cultural contexts. Friends and family will know plenty about the place the person has come from, but may know a lot less about New Zealand as their new home. The capacity to understand idiomatic phrases, differences in healthcare structures or what can be expected from healthcare providers, or to explain cultural differences that may be relevant to both parties may be significantly lacking. For example, in some countries a statement like, ‘We cannot do anything further for this person’ is a way of demanding extra payment before treatment continues – it would have a very different meaning in New Zealand (Crezee, 1998).

The family member couldn’t explain why a ‘House Surgeon’ was seeing the patient when they thought there was no need for surgery of any sort; they also thought the Senior Registrar was senior to the Consultant and complained when ‘just a Consultant’ was making treatment decisions.
When untrained interpreters might be used

Sometimes, healthcare professionals may have to rely on friends, family or untrained staff to interpret for them. ADHB guidelines (2002) stress that this should be ‘a decision made by the patient and their family in conjunction with the health professional and the reason clearly documented in the patient's clinical record’ (p.6). Situations where untrained interpreters may be used include:

- **Emergency situations.** Where any treatment delay may result in harm to the patient, and a professional interpreter is not immediately available, healthcare workers may have to use anyone who can help communicate with the non-English speaker.

- **Simple instructions.** Where information that is not clinical, technical, confidential or sensitive needs to be discussed, e.g. arranging an appointment time that suits the person; or explaining directions to get to the clinic.

- **Small ethnic group.** Where there is not a professional interpreter available for a particular language or no-one outside the person’s family, a relative may be the only option, with the agreement of the patient.

- **Patient preference.** As soon as a referral for a non-English speaker is received, a professional interpreter should be booked. Sometimes on arrival at an appointment, an English-speaking family member may say that the patient feels more comfortable with a family member speaking for them than a ‘stranger’. However, this may be based on misunderstanding of confidentiality or the professional interpreter’s role; or in some cases may be based on coercion by the family member (e.g. a spouse who wants to censor what his wife might try to say). Wherever possible, the need to use a professional interpreter should be explained to the patient, so the person is making an informed choice.
**HOW TO BOOK AN INTERPRETER**

**Interpreter bookings**

As soon as you book an appointment for a non-English speaking patient, book the interpreter too. See the booking flowchart overleaf.

- Go onto the ADHB intranet, under ‘I’ find ‘Interpreter Service’, choose the language from the ‘Language List’
- Select an interpreter from the list (interpreters are ranked in order of qualifications) and contact them directly to arrange the appointment time and date
- Remember to specify whether you want the interpreter to confirm the appointment with the patient
- You will need to give the interpreter a job number from your Booking Record book. If there are no Booking Record books available in your service, please order them from the Interpreter Service (email: bonniey@adhb.govt.nz) Ph. 307 4949 ext. 27124 or 27116).

**Tips on effective booking**

- Wherever possible, plan ahead. It is unreasonable to expect an interpreter to show up at short notice when it is an appointment that was booked weeks ago for a known non-English speaker. Save the emergency interpreter response for emergencies!
- If in doubt about correct language or gender requirements, check with the referrer
- Let the interpreter know the type of healthcare appointment (e.g. cardiology, orthopaedics) not just ‘Report to Reception B’ – so they can update their vocabulary relevant to that topic
- Be clear on the likely duration of the appointment – remember to allow extra time for an interpreted interview
- Keep costs to a minimum by considering the optimum way to use interpreters – be clear when they are no longer required e.g. when the person has gone into surgery. Streamline bookings if possible so three interpreters aren’t coming to your clinic on the same day, when one interpreter could have done the three jobs
- Consider requesting an appointment confirmation – where the interpreter phones the patient to confirm the appointment; this reduces DNAs
- If you want the same interpreter for the patient’s return visit, ensure a new job number is given for the follow-up appointment.

**After Hours Service:** If you are unable to book interpreters directly during after hours you may do so through the Greenlane call centre - Ph: DDI 630 9937 or extension 3937.
If an ADHB-contracted interpreter is not available, ring the Interpreter Service (ph. 307 4949 ext. 27124 / 27116) and an external interpreter will be arranged from other DHBs. (Note: This would incur an extra cost to your service since other DHBs charge out at a higher rate. For cost details, please check with the Interpreter Service.)
What will it cost?

- The clinical department requesting the service is charged a set rate for interpreting services – current prices are listed on the ADHB intranet
- The Responsibility Centre (RC) Manager or delegated person signs off the payment for the service rendered
- There is no charge to the patient if he or she is eligible for free healthcare in New Zealand
- For patients who do not qualify for free healthcare, interpreter costs are included when the patient is invoiced by the service
- If you are unable to get an ADHB-contracted interpreter, the Interpreter Service will endeavour to get one from Counties Manukau DHB or Waitemata DHB – however, this will incur a higher charge.
The clinician read the referral and worried about what looked like a very complex picture. He hadn’t used interpreters much and wondered how to accommodate that as well as coping with a tricky assessment. He realised all he could do was his usual assessment, rather than trying to figure out something special or different. In the event, that was exactly what was required – the interpreter professionally set up the process and after a while, the clinician felt like he was building rapport with the patient and getting the information he needed - it just took a bit longer than usual.

**Before the interview**

- Check the interpreter’s ID and confirm the job number
- Introduce yourself to the interpreter; explain your role and the purpose of the meeting; also the likely duration
- Arrange the seating to allow for easy communication – the ideal seating arrangement is a triangle with participants at equal distance from each other, so that eye contact can be maintained whenever necessary and no participant feels left out.
Introduction and set-up

➢ Introduce yourself and the interpreter to the person/family
➢ Explain both your role and the interpreter’s role and gain the individual’s verbal consent for the use of the interpreter. If a family member wants to do the interpreting, explain the risks and disadvantages of this (e.g. inaccuracy, lack of confidentiality, lack of impartiality - see previous section)
➢ If needed, the interpreter may explain the role of the interpreter and how the patient can make the best use of the interpreter (such as the example on p.21)
➢ Advise all present that they must respect the confidentiality of all interactions between the person and the healthcare provider
➢ Explain the purpose of the interview and how it will proceed
➢ Remind everyone (including interpreter and clinical staff) to turn off cellphones and pagers except for emergencies

During the interview

➢ Face the person and speak directly as if he or she understands English
➢ Always use the first-person e.g. ‘How are you feeling?’ not, ‘Ask her how she is feeling’
➢ Do not enter into direct conversation with the interpreter or ask the interpreter for opinions or to summarise – if you need to talk to the interpreter directly, then the interpreter should interpret to the patient verbatim what you are talking about, to avoid patients feeling excluded from their own interview
➢ Ask what’s happening if there are discussions between the patient and the interpreter; though be aware that it may take more words than you have spoken to convey the message
➢ Use plain English where possible
➢ Pause after two or three sentences to allow the interpreter to relay the message. Do not rush the interview – accurately interpreting everything that has been said takes time
➢ Summarise periodically when complex issues are involved
➢ If the patient does not understand, it is your responsibility (not the interpreter’s) to explain more simply. Watch for facial expressions that may indicate the person does not understand
➢ Do not let the interpreter’s presence change your role in the interview. It is not the interpreter’s role to conduct the interview
➢ Ensure the interpreter gets adequate breaks. Interpreting requires intense concentration
➢ Seek the patient’s permission if you need to obtain cultural information from the interpreter or clarification of a cultural practice - ask the interpreter to interpret all the cultural background information given to allow the patient to disagree or add their own views

Ending the interview

➢ Check that the person has understood the key messages in your interview and any treatment instructions. Ask for any questions
➢ Thank both the patient/family and the interpreter. Say good-bye formally
➢ Authorise the interpreter’s job form, including signing off start and finish times. You must retain the pink copy of the job form for your RC manager
➢ Hold a post-session with the interpreter to sort out any communication issues or questions; also be aware of the need to debrief if the interview was emotionally taxing
➢ Plan follow-up procedures/appointments as appropriate, e.g. let the interpreter know about the follow-up appointments if you want the same interpreter.

**Supervising the interpreting site**

Services should have a designated person to notify interpreters of any waiting times, whether to leave the job and when to return. This key person should be able to authorise interpreters on and off an assignment – for example, if interpreters are not needed for **two hours or more** during one appointment, let them leave and give them a new job number and the arrival time for the return session.

**Being respectful of interpreters**

Interpreters are fellow professionals assisting clinicians to deliver appropriate and effective healthcare.

➢ Interpreters have a right to professional recognition and regard
➢ Remembertobriefinterpretersadequately as to the purpose of the meeting and any potential issues
➢ Allow interpreters to set the pace and take the time needed to clearly interpret what is being said
➢ Offer debriefing if needed
➢ Ensure adequate breaks, including meal breaks where assignments are long; if having to wait, ensure they know where to find restrooms and cafeterias
➢ Respect privacy

➢ Respect the right to refuse assignments – the interpreter should be excused from an assignment if he/she has had any personal interest or prior involvement with the patient, or ethical concerns that could affect the interpretation. Also, interpreters should decline work if they believe it to be beyond their technical knowledge, linguistic ability or is not in the language for which they are accredited.

**Interpreters as ‘cultural advisors’**

Inevitably, healthcare workers may need advice or education on cultural practices and beliefs with which they are unfamiliar.

➢ Whenever possible, ask for cultural clarification **as part of the interpreted interview**, so that the patient hears the interpreted questions you are asking and the answers given by the interpreter and can add their own views
➢ Keeping discussions of cultural differences within the interpreted interview has the additional benefit of helping the patient new to New Zealand to learn about cultural differences as well.

It is best to think of interpreters as cultural clarifiers rather than cultural advisors – it is not useful to generalise as if everyone from a particular culture behaves in a particular way.
How to Explain the Interpreter’s Role to Patients

The following may be helpful for the interpreter to explain to the patient before the interpreted interview takes place:

I am [ ], the interpreter for your appointment today.

My role is to interpret everything that you say to the healthcare professional and everything that they say to you. I repeat the words; I do not add, omit, change or summarise. In my role I am not allowed to give advice or express my opinions, either during - or after - the consultation. If you want advice, ask the healthcare professional and I will interpret for you.

I am bound by a code of ethics and professional practice. That means I am not allowed to tell anyone else anything that is said here today; it will be kept confidential. When I leave here, it is as if my mind goes ‘blank’ and I forget everything you have said. If we run into each other on the street, I will not acknowledge that we have met unless you speak to me first.

If I am saying something the clinician has said that you do not understand, you need to ask a question, so we can have the clinician explain further. If it seems like there may be misunderstandings because of different cultures, we will try to clear those up.

If you have any complaints about my interpreting or the conduct of the healthcare staff, you can make a complaint to the Interpreter Service.

Do you have any questions about my role?
An effective feedback system between clinicians, interpreters and patients is a crucial part of maintaining the high standards of the interpreter service.

- Wherever possible, discuss with interpreters post-session any feedback you have on their performance. Also, ask them for any suggestions they have for you to improve your skill at conducting interpreted interviews.
- Client satisfaction surveys will be periodically conducted by the Interpreter Service.
- As part of ongoing quality improvement, you may be invited to participate in an audited interview, where an interpreted interview is observed or taped for auditing of the interpreter’s performance by an external language specialist.

**Consumer Complaints**

The Auckland District Health Board Complaints Management policy applies to all staff within ADHB, including contractors such as interpreters.

A consumer complaint is any expression of dissatisfaction received from a patient or former patient, or a third party, regarding an event that has occurred, a system or process within ADHB or a staff member.

(ADHB, 2003)

Complaints from patients using the interpreter service follow the ADHB Complaints Management policy. There may be a complaint about the provision of clinical services, interpretation services, particular staff or systems. There may be a need to get interpreter help for the non-English speaker to make a verbal complaint. If the complaint relates to the interpreter service, due care needs to be taken to ensure there is no conflict of interest for the interpreter (consult with the Interpreter Service if needed). Where the complaint cannot be resolved verbally, it should be documented and go to the ADHB Consumer Liaison team. Written complaints are also to be forwarded to Consumer Liaison.

Consumer Liaison staff communicate with the manager of the service, any staff or contractors named in the complaint, professional and cultural advisors and Complaints Committees as required.

In addition, the consumer may also involve the Health Advocates Trust and/or lay a complaint with the Health and Disability Commissioner and/or the Privacy Commissioner. The ‘right to complain’ is clearly covered under the Health and Disability Services Consumers’ Rights; posters and brochures on these rights should be prominently displayed in all ADHB clinics, and are available in a number of languages (see www.hdc.org.nz for more information).

Remember that you have a right to complain about the behaviour of an interpreter on behalf of a patient as a ‘third party’, and the interpreter also may complain about your behaviour as a clinician on behalf of the patient, with their consent. This however is extremely rare – ideally, any concerns or questions should be promptly raised and resolved in the course of the interview.

The interpreter phoned the patient to confirm her appointment, as requested by the clinic. The patient asked if the interpreter would provide transport to and from the clinic, an expectation set up by a friend who used to ‘interpret’ for the person. When the interpreter said that transport was not part of her role, the patient got her friend to phone the clinic and complain about the interpreter. The clinician’s manager spoke to them, found out the basis of the ‘complaint’ and was able to resolve the transport issues separately, allowing the professionally interpreted interview to proceed.
There is not currently a formal three-way telephone interpreting service available (clinician, client, interpreter). However, you can request an interpreter to make telephone contact on your behalf to a non-English speaking patient in some circumstances:

- **Pass on simple instructions**, such as to take the medicine twice a day or to ensure they don’t have food for 12 hours before a blood test

- **Appointment confirmation**. It can reduce non-attendance significantly when the person has had a conversation with someone in their own language to confirm the time and location of a clinic appointment, explain any transport/parking issues, and explain that an interpreter will be present

- **If the person is not there** when an interpreter phones to confirm an appointment, the ADHB Confirmation Call process should be followed – e.g. the interpreter asks to speak to Mr Z, the person who has answered the phone says Mr Z is not available, then the interpreter can ask when he might be available in order to call back. If the interpreter is asked who they are or why they are calling, they **may**:
  - Give their name
  - Tell the person answering the phone that they will discuss the reason for the call with Mr Z when they reach him

According to ADHB appointment confirmation guidelines, the interpreter **may not**:
- Leave any message
- Mention anything about a ‘hospital’
- Get into a discussion about the nature of the call.

It may be possible to say the call is ‘about an appointment that you wish to confirm, but that you cannot give details due to privacy reasons’. The guidelines also state that, ‘If at this point the person you are talking to convinces you that you are able to talk to them about the patient’s appointment, you may proceed. To convince you, the person must be able to demonstrate that the patient is unable to come to the phone due to incapacitation/ cannot hear/ had a stroke/ etc or indicates that they are aware of the nature of the appointment.’

- **Answerphone messages** are to be avoided, unless prior permission is obtained (e.g. the interpreter is confirming a follow-up appointment and knows that the person is happy to have a message left). When urgent contact is to be made, the ADHB policy is that a phone number and name for the person to phone back is all that should be left.
Translating documents from one language to another is a particular skill that requires a high degree of proficiency in both the language in which the original document is written and the language to which it is being translated. Expert knowledge of technical terms and how to capture their sense in another language may be required.

Good interpreters are not necessarily skilled translators and should not be expected to translate documents as part of an interpreting assignment.

Exceptions may be when there is a simple note regarding an appointment or an instruction on how to take medication that the interpreter may be willing to translate.

However, be aware that even apparently ‘simple’ instructions may be mistranslated by non-professionals e.g. the simple follow-up instruction to ‘Contact the clinic if you feel sick’ after a procedure can be mistranslated as ‘if you feel unwell’ rather than ‘if you feel nauseous’.

Consider the brochures, informed consent forms, feedback forms, handouts on what to do after treatment and so on – what languages do they need to be in to ensure service users will get the information they need? Also consider important documents such as patient records from the country of origin that require professional translation.

For expert document translation, contact:

ADHB Interpreter Service
Ph. 307 4949 ext. 27124 or 27116
Fax: 623 4695 (external) 26395 (internal)

You will receive a quotation for approval before allocation to your cost code.
The Deaf Association of New Zealand provides specialist interpreters for ADHB clients and patients who are Deaf. Contact the Deaf Association directly to book an interpreter; bookings are not managed through the Interpreter Service or the Contact Centre.

Deaf Association interpreters facilitate communication between Deaf and hearing people through New Zealand Sign Language.

As with other interpreters, services are provided on a fee-for-service basis. Book an interpreter as soon as you book the appointment for the person who is Deaf.

An interpreting request can be either in writing, by telephone or by fax:

Phone: (09) 820 5176
Fax: (09) 820 5039
or 820 1286
Email: National@deaf.co.nz
Mailing address: PO Box 15-770, New Lynn, Auckland

The same professional and ethical standards of interpreting can be expected of Sign-language interpreters as with interpreters of any other languages. Normal interpreting principles apply in terms of conducting the healthcare interview speaking directly to the patient. Check the seating to ensure the person has a clear view of the interpreter and isn’t sitting in front of a window or busy backdrop that will make it hard to see the signing. Ensure interpreters have adequate breaks; for long assignments, two interpreters may be needed to work as a team.

Further information is available from the Deaf Association.
Services outside ADHB are most welcome to use the Interpreter Service, improving healthcare outcomes by providing equivalent standards of communication for patients across their healthcare encounters.

Healthcare service providers outside of ADHB need to register with the Interpreter Service. Registered Users can then book interpreters through the Interpreter Service (see below for contact details). If you want to use a particular interpreter for a follow-up appointment, indicate your preference on the form and wherever possible, the service will endeavour to accommodate this.

ADHB interpreters will maintain confidentiality and not disclose the content of any ADHB healthcare encounter to outside providers – normal practices of consent to release information, specialist referrals and so on apply. It is up to the patient to share whatever health information they wish with different providers, not up to the interpreter.

External customers should expect the same high standards of professional interpreting as ADHB staff from the Interpreter Service and all feedback to the service is welcome. Encourage staff to familiarise themselves with this manual, in order to know what to do and what to expect to make the most of an interpreter-assisted healthcare interview.

Complaint process: External customers should direct any complaints to the Interpreter Service in writing.

**ADHB Interpreter Service**

*P O Box 92189, Auckland*

*Ph. 307 4949 ext. 27124 or 27116*

*Fax: 623 4695*
Part Two:

Information for Interpreters
1. **Accuracy**
The interpreter shall, to the best of his/her ability, interpret faithfully and accurately between the parties, not omitting any information provided by either party, nor adding anything which parties did not say.

2. **Confidentiality**
All information gained by the interpreter in the course of duty shall remain strictly confidential. This information shall not be communicated, published or in any way divulged to any person or organisation, other than the person or organisation engaging the services of the interpreter or under statutory obligations.

3. **Impartiality**
The interpreter shall observe impartiality and neutrality in all situations. They shall not allow personal preferences, religious/political opinions or national enmity to interfere with his/her duties, nor add unsolicited comments or make recommendations except to assist communications. Interpreters shall not accept any present, gift, benefit or offer that may influence them.

4. **Conflict of Interest**
The interpreter shall declare if he/she has had any personal interest or prior involvement with the particular client or assignment. The parties involved may decide whether or not the interpreter should be excused from the assignment.

5. **Professional Courtesy**
The interpreter shall, in an appropriate and tactful manner, bring to the attention of the professional issues pertaining to culture, creed and language that may arise in the course of the interview/session.

6. **Declining Work**
The interpreter shall decline work if he/she believes it to be beyond his/her technical knowledge, linguistic ability or language for which he/she is accredited or employed, or on ethical or personal grounds. If unfit to work – e.g. if sick – the job must be declined.

7. **Contractual Obligations**
The interpreter shall do his/her utmost to maintain full confidence in the integrity and dignity of his/her profession. The interpreter shall observe at all times the obligations arising from his/her contract with ADHB. Subcontracting work to others is a serious breach of contract.

8. **Professional Development**
The interpreter shall always seek to enhance his/her skills and knowledge within the profession, and participate in training courses as recommended by ADHB for professional development.

9. **Standard of Conduct**
The interpreter shall turn up prior to the appointment to allow for discussion with either the professional or the client. He/she must be dressed to a high standard as required of a professional service. The interpreter shall comply with the lawful requirements and procedures of ADHB. All interpreters must wear ID badges at all times on ADHB sites.

*(refer to ADHB, 2005)*
ADHB healthcare interpreters are called on to interpret across a huge variety of services, clinics, people, situations and cultures. Often, complex issues arise in the context of dealing with distressing health concerns, busy clinics, targeted resources, wide-ranging support needs, cultural difficulties and so on. Interpreters are often put in difficult situations by clinicians and patients in terms of expectations that may or may not be appropriate. While the Code of Ethics provides guidance in many situations, the following are some pointers for both clinicians and interpreters that draw on experiences and challenges interpreters have faced.

**Confidentiality**

1. Maintain confidentiality
2. Disclose information only with client agreement or by law
3. Ensure there is no harm to client or third party from information obtained
4. Maintain confidentiality with colleagues
5. Confidentiality extends indefinitely
6. Advise all parties in the interpreting session to refrain from saying anything they do not wish to be interpreted
7. Politely decline to convey any personal information – that is not the purpose of your role

Many laws cover confidentiality, including the Privacy Act, the Children, Young Persons & their Families Act, and the Mental Health Act (where in certain circumstances information can be disclosed if there is a serious risk of harm to self or others). Confidentiality is crucial to the safe and appropriate provision of healthcare and any breaches of confidentiality need serious consideration – if in doubt, consult with ADHB.

The ordinary omissions that any of us might make (e.g. not quite telling the doctor about not exercising enough) do not constitute reasons for confidentiality to be breached.

The patient reported to the doctor that everything was going well. The interpreter from the small cultural community knew this wasn’t the case, in that the person’s family was under a great deal of financial pressure. Despite feeling uncomfortable holding this awareness, the interpreter maintained confidentiality. The situation was not life-threatening and the interpreter was aware that most people would not be telling the doctor all about their financial problems in the course of a healthcare interview. However, when the doctor was about to prescribe a medicine the patient was allergic to, the interpreter asked to speak to the patient and suggested the patient inform the doctor about the allergy which had been identified in another consultation the interpreter had attended. If the patient hadn’t (reluctantly) agreed to say something – he was afraid of annoying the doctor - the interpreter would have felt obliged to breach confidentiality as a ‘duty of care’.

**Accuracy**

1. Interpret/clarify the meaning of non-verbal cues that have a specific or unique meaning within cultural context
2. No additions or omissions or alterations
3. Maintain style, purpose, spirit, intention of message – including abusive language, negative comments made by either party – do not censor information
4. If unsure of the meaning or use of words, seek explanation
5. Promptly disclose and rectify errors
6. For errors discovered afterwards, notify parties as soon as possible (see e.g. below)
7. Always speak in the first person
8. If client says, ‘Don’t interpret that,’ repeat the obligation to interpret everything. While interpreters should not ‘edit’ negative comments from either party, there will be times where the interpreter may need to point out that offence could be inadvertently caused, in order to let the person re-phrase their remarks so they are not misinterpreted. In addition, there are undoubtedly ‘untranslatable’ words across cultures and concepts that are hard to explain, particularly within medical specialities, that while sensitive, must be clarified in order for the healthcare to proceed effectively.

The interpreter was back at the sexual health clinic for another job. As the clinician explained the condition to the patient, the interpreter realised she had made a mistake when interpreting this condition for another clinician, who didn’t explain it quite so clearly. She let the service know about the error so it could be corrected.

**Impartiality**

1. As much as possible, do not show feelings in face, gestures
2. Exert no influence on parties
3. No referrals to third parties
4. Give no advice, even if asked – always try to redirect the request for advice to the healthcare professional – ‘How about you ask the doctor for his advice on that and I will interpret for you?’
5. Decline assignments that affect or undermine impartiality
6. Withdraw if biased
7. Do not align/side with either party
8. Engage in no side conversations with either party
9. Do not give clients your personal contact information – just as the healthcare professionals on the team will not be giving the clients their home phone numbers, there should be no expectation that you will

Just as healthcare professionals have personal feelings about clinical situations at times, so too will interpreters. We would not be human if this was not the case, but the key is that these feelings do not get in the way of appropriate clinical practice. Using debriefing, seeking advice from experienced interpreters or clinicians, and having professional supervision can all help maintain impartiality.

The doctor explained how much the surgical procedure would improve the person’s quality of life, and the interpreter felt a lot of hope about the situation; however, he had to put this feeling aside and continue to interpret the patient’s objections and negative comments. The patient was depressed and ambivalent about living and it was important the doctor heard this and responded to it appropriately, without the interpreter ‘siding’ with the doctor and trying to convince the patient to have the treatment.

**Professional competence**

1. Do not accept assignments for which you are not qualified
2. Maintain high standards of practice
3. If you find the assignment is beyond your ability, you should withdraw
4. Accurately represent qualifications
5. Pursue professional development opportunities
6. Maintain cultural competence including keeping up-to-date with language and cultural changes.

The ADHB Interpreter Service maintains records of interpreter qualifications and experience, and updates these as it is informed of additional training or qualifications that have been completed by interpreters. Feedback mechanisms to monitor both satisfaction and complaints from interpreters, healthcare professionals and patients are constantly developing, and performance appraisal systems will further ensure that high standards of competence are maintained.
**Pre-Session**

1. Wear identification
2. Confirm names, pronunciations
3. Remind parties to speak to each other in the first person (I...you...)
4. Ensure seating promotes connection and ease of interpretation
5. Ask to pause if needed.

Should the interpreter sit with the patient and family in the waiting room or only meet the person when the clinician does? Ideally, the interpreter should wherever possible meet with the clinician first, to ensure appropriate room set-up, familiarity with appropriate use of interpreting, purpose of the interview etc. In reality, the interpreter may meet the patient first while waiting for the clinician to be free and all go into the consultation together – the busy pace of many healthcare settings will mean there will be variations in how timely the pre-session preparation can be. If the interpreter arrives for a booking and realises that the patient is a friend or family member, they must feel sure they can maintain their professionalism or withdraw from the job. More importantly, they must immediately disclose this potential conflict of interest to the healthcare provider, who can then decide whether or not to use this interpreter. Also, when patients have met interpreters before, they often have an expectation that the interpreter will answer questions or speak on their behalf, since they have already told them their whole history. Patients need to be reminded that this will not be the case – that the interpreter is there only to interpret.

**Interpreter roles**

1. Check for understanding
2. Ask for repetition or slow speech if needed
3. Do not usurp provider roles – it is up to the clinician to conduct the interview, manage the time etc
4. Do not answer questions or explain forms without a specific request to do so from both parties
5. Avoid simultaneous dual roles e.g. if you are a trained nurse and a trained interpreter, ensure it is clear to all that you are acting in the role of interpreter, not clinician
6. No advocacy
7. Respect ethics
8. Maintain awareness of both cultures so you can act as cultural broker where potential misunderstandings could occur.

The issue of advocacy can be complex. Advocacy has been defined as, ‘An action taken on behalf of an individual that goes beyond facilitating communication, with the intention of supporting good health outcomes’ (NCIHC, 2004, p.19). If the interpreter is aware that the person is struggling, it is an understandable human response to want to help out, perhaps by advocating on behalf of the person for a particular service or benefit. However, this is **not** the role of the interpreter. Clinical staff, not the interpreter, are responsible for ensuring the person has access to what they need and that the person is treated ethically and appropriately; and sometimes, services will fall short of best practice. Advocacy should only be considered where interpreters see consistent injustices or ethically inappropriate behaviour and, after careful consideration, including consultation with supervisors, speak out on their own behalf that action needs to be taken to right a clearly observed wrong.

**Professionalism**

1. Comply with ADHB Interpreter Service Code of Ethics
2. Maintain your dignity, integrity and honesty as an interpreter and as a representative of the ADHB Interpreter Service and the profession
3. No self-promotion on site, such as handing out business cards
4. Be punctual or early
5. Dress in appropriate attire
6. Honour commitments and deadlines
7. If cancelling or late, notify promptly
8. No cancellation without just cause
9. Cancel if you are sick/unwell – you may put patients at risk
10. Do not bring third parties to an assignment or send a third party in your place – subcontracting is a serious breach of conduct
11. Be polite, courteous and discreet
12. Decline bribes, gratuities, or favours from any party involved in the interpreting in a culturally-sensitive and appropriate way
13. Do not accept assignments from clients
14. Do not provide unnecessary services or those outside your brief (e.g. transport) – if in doubt, check with the Interpreter Service.

The issue of accepting gifts from clients can be complex, balancing an understandable desire by patients and families to show appreciation, an ethical requirement not to accept rewards or gratuities, and the risk of causing offence culturally if a gift is refused. Healthcare providers often have guidelines where a small ‘token of appreciation’ may be accepted by the treatment ‘team’ rather than by individuals; or may have a policy of declining all gifts that can be explained to the person – either way, ensure that the person understands that the interpreter is required to provide excellent service to all patients fairly without added reward or compensation.
The ADHB Interpreter Service needs to be both responsive to the swiftly changing needs of a diverse population and also maintain minimum competency and vetting standards. There are as yet no New Zealand national interpreting standards or specified competencies, and it may be that ADHB will increasingly take the lead in establishing such standards.

**Qualifications and experience**

The minimum qualification required to contract as an ADHB interpreter is the Certificate in Liaison Interpreting with a Certificate in Health Terminology, which is currently offered at Auckland University of Technology, or a recognised equivalent. Many interpreters also have advanced tertiary qualifications in interpreting, often with a healthcare speciality.

In addition, many interpreters will be qualified health professionals, having trained either in NZ or their country of origin. While this is often extremely useful in ensuring clear clinical understanding, a healthcare background is not prioritised over excellent interpreting skills, as the interpreter is there as an interpreter, not as a clinician.

At the discretion of the Interpreter Service and ADHB, there will at times be a need for an interpreter to be used who does not have the minimum required qualification. For example, where there are very few speakers of a language and an urgent need for interpretation or where the interpreter has unique, specialist experience needed by a particular ADHB service, the requirement for the health interpreting qualification may be waived in the short term. Interpreting experience also counts – there are some interpreters who are very experienced, skilled and well-regarded by staff and patients, who may have begun their interpreting career before 1990 when qualification courses were first offered. The Interpreter Service will exercise discretion in the professional development of such contractors.

**Recruitment policy**

The following outlines the recruitment steps for people wishing to apply to become contract interpreters for the ADHB Interpreter Service:

- **Pre-requisite:** All applicants must have certified qualifications from a recognised tertiary institution. Experience and contact details for reference checks should be mentioned in the CV.

- **Screening of CV:** All CVs will be screened by the Interpreter Service and reference checks shall be done for those who speak a high demand language.

- **Interview:** Short-listed applicants will be interviewed by the service.

- **Selection:** If selected, the service shall inform the successful candidate to undergo police and health checks. If applicants are attending the interpreting course when applying, a proof of enrolment will also be required.

- **Orientation:** Upon offer of position, the interpreter will be briefed on the policy and procedures of the Interpreting Service.
Pre-employment screening

Normal ADHB pre-employment checks apply to Interpreter Service interpreters. Although the interpreters are contractors, not employees, they must meet the same health screening and police clearances to work within ADHB facilities to ensure public safety.

All interpreters undergo the standard ADHB Occupational Health & Safety screening tests for infectious diseases before they are permitted to accept work. Results of screening tests can take up to 15 days, so ensure testing is commenced as soon as possible.

Standard police clearance forms are also required. A New Zealand police vetting form is required for those resident in NZ in the past four years and overseas applicants will need certified copies of police certificates from countries of citizenship and residence, in line with standard NZ immigration requirements.

Quality management

As with any other ADHB service, the Interpreter Service continually seeks ways to improve quality healthcare outcomes. External audit procedures are under development, as are performance management and review processes suitable to the needs of a contracted workforce; and there is monitoring of feedback from both service providers and service users.

We welcome suggestions for quality enhancement from all interpreters, ADHB staff, service users and families.

Cancellation

If you are sick or otherwise unable to attend a booking, contact the service as soon as possible to cancel. It is particularly important not to work if you are sick, given that you are working in healthcare environments and may put patients, whose immunity may already be compromised, at risk.

If a service cancels the booking at short notice (less than 2 hours before you were due to attend), you will still be paid a one-hour call-out fee. There is no cancellation fee when more notice is given.

Invoice requirements

Invoices need to be in by the first of each month to ensure payment on the 20th of the month. Ensure all jobs are entered in date and time order. If you need to change your bank account details, please provide the service with a print-out of details from the bank, rather than a handwritten form.

Training and supervision

The Interpreter Service will from time to time offer training, liaison meetings or forums for interpreters; also keep an eye out for special interest sessions or opportunities through the interpreter training courses, related websites and so on.

Contact:  Phone: 307 4949 ext. 27124
or 27116
Fax: 623 4695 or 26395 (internal)
Email: bonniemy@adhb.govt.nz

Write to:  Interpreter Service,
P.O. Box 92189, Auckland
Part Three:

Information for Health Service Users
HOW WILL AN INTERPRETER HELP ME?

To make sure you get the healthcare you need, your healthcare provider may use a professional interpreter.

The interpreter’s role is to interpret everything that you say to the healthcare worker and everything that they say to you. The interpreter repeats the words; they do not add, omit, change or summarise. They use the first-person “I” to say the words you say and that the clinician says e.g. “I am going to take your temperature.”

The interpreter is not allowed to give advice or express opinions, either during - or after - the consultation. If you want advice, ask the healthcare professional and the interpreter will interpret for you.

The interpreter is bound by a code of ethics and professional practice. That means he or she is not allowed to tell anyone else anything that is said here today; it will be kept confidential. When the interpreter leaves the consultation, it is as if his or her mind goes ‘blank’ and forgets everything you have said. If you see the interpreter on the street, he or she will not acknowledge that you have met unless you speak first.

If the interpreter is saying something the clinician has said that you do not understand, you need to ask a question, so the clinician can explain further. If it seems like there may be misunderstandings because of different cultural backgrounds, we will try to clear those up.

The interpreter is not to provide transport or take on other roles or services outside of the healthcare encounter.

If you have any complaints about the interpreting or the conduct of the healthcare staff, you can make a complaint to the ADHB Complaints Service. You will be able to use the services of a different interpreter – not involved in the situation you are complaining about – when you put in your complaint. If you have any questions about the role of the interpreter, please ask.
Auckland District Health Board. (2003). Informed consent policy. GM Quality & Safety, ADHB.
Health and Disability Commissioner website re rights etc. www.hdc.org.nz
New Zealand Society of Translators and Interpreters Incorporated www.nzsti.org